

**FIRE PROTECTION BUREAU  
LICENSING PROGRAMS  
PO Box 42600  
Olympia WA 98504-2600  
(360) 570-3134 FAX: (360) 570-3136**



**ASSIGNMENT OF ACCOUNT OR TIME DEPOSIT – WASHINGTON STATE BANKS ONLY**

Date \_\_\_\_\_

*Washington State Patrol, Fire Protection Bureau, PO Box 42600 in Olympia, WA 98504-2600*

**Required by the Fire Sprinkler Contractor's Act Chapter 177, Laws of 1990, ch. 18.160 RCW And Chapter 6, Laws of 1991, 1st Ex. Sess.**

This assignment is for the purpose of fulfilling the requirements of RCW 18.160.060. The undersigned does hereby assign, transfer and set over unto the State of Washington all right, title and interest to \$ \_\_\_\_\_ ( \_\_\_\_\_ Thousand and no/100 dollars) of/from  
Amount six or ten  
Account Number \_\_\_\_\_ at \_\_\_\_\_, a bank in the State of  
Account Number Washington State Bank  
Washington, with full power of authority to demand, collect and receive the said deposit and to give receipt and acquaintance therefore, for the uses and purposes prescribed by said RCW 18.160.

It is understood and agreed that this bank, \_\_\_\_\_ holds the said savings account or time  
Washington State Bank  
deposit in its possession and shall hold not less than \$ \_\_\_\_\_ until a release of this assignment amount is duly received from  
Amount  
the State of Washington – through the Washington State Patrol, Fire Protection Bureau.

It is further understood that this assignment is subject to judgments which may be rendered against \_\_\_\_\_,  
Sprinkler Contracting Company  
the company securing this bond, and in accordance with the provisions of RCW 18.160.

The deposit shall be released to the State of Washington after 30 days notice on demand and with no other condition of release.

**ACCEPTANCE** – Completed by bank personnel – The undersigned hereby accepts the forgoing assignment of account or time deposit and agrees to hold the funds until an authorized release is received from the Washington State Patrol, Fire Protection Bureau.

_____	_____	_____	\$
Bank Signature	Printed Name	Account Number	Amount
_____			_____
Bank Complete Address			Phone Number

**CONTRACTOR** – Completed by the depositor – I hereby enact this assignment/deposit in compliance with R.C.W. 18.160 for a Fire Protection Sprinkler System Contractor's license.

_____	_____	_____
Signature	Printed Name	Contracting Company

**SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of the month of \_\_\_\_\_ of the year \_\_\_\_\_.**  
date name of month year

_____	_____
<i>Signature of Notary Public</i>	<i>Printed Name of Notary Public</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Complete address and contact information for Notary Public

Seal of the Notary Public